

BROKEN ARROW SPRING VOLLEYBALL LEAGUES



<i>Division</i>	<i>Night</i>	<i>Cost per team</i>
<i>Coed Power 6 on 6</i>	<i>M</i>	<i>\$165</i>
<i>Organizational League</i>	<i>Tue</i>	<i>\$195</i>
<i>Women's 4 on 4</i>	<i>Tue</i>	<i>\$110</i>
<i>Coed Intermediate 1</i>	<i>Th</i>	<i>\$195</i>
<i>Reverse-Coed</i>	<i>Th</i>	<i>\$150</i>

*Coed Intermediate leagues and the Organizational leagues will have
up refs provided*

E-mail or Call before deadline!

Deadline: March 12th Begins: March 16th

*For more information contact Melissa Parker at 259-8438 or
mparker@brokenarrowok.gov*

8-week program

***There will be a team limit of ten per division (with exception of
Monday night Power Leagues) so sign up soon!***

First place prizes will be given to final tournament.

User understands that there are risks and dangers involved in recreational activities, and agrees to accept these risks knowingly and voluntarily, and waives any and all claims, causes of action, or damages of any kind or nature, including but not limited to any foreseen or unforeseen personal injury, property damages or other losses or damages against CITY which may arise out of or in connection with any aspect of USER'S experience. I understand by signing this document that CITY will rely on this statement, that the terms of this agreement are contractual in nature and are specifically designed to protect the CITY.

Team Registration

Team Name _____ League _____
Team Captain's Name _____
Team Captain's Phone number _____

Team Roster

Player's Name _____ Phone # _____
Address _____ City _____ Zip _____
Male _____ Female _____ email _____

Player's Name _____ Phone # _____
Address _____ City _____ Zip _____
Male _____ Female _____ email _____

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Address _____ City _____ Zip _____
Male _____ Female _____ email _____

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Male _____ Female _____ email _____

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Address _____ City _____ Zip _____
Male _____ Female _____ email _____

Player's Name _____ Phone # _____
Address _____ City _____ Zip _____
Male _____ Female _____ email _____

Player's Name _____ Phone # _____
Address _____ City _____ Zip _____
Male _____ Female _____ email _____

Substitution #1 _____
Substitution #2 _____

**Players must be on the roster to play. If players are not on roster then they will NOT play in tournament. Rosters need to be finalized by the third week of play.
Make checks payable to CITY OF BROKEN ARROW.**

